

CIVILIAN - CRIMINAL INCIDENT REPORT

(Turn in this completed form to the PACE Officer at the next Civic League Meeting)

Date of Report: _____

DAY/S OF INCIDENT/S: ☐ During the Week (Mon, Tues, Wed, Thurs, or Fri)
☐ During the Weekend (Sat or Sun)

TIMES OF THE INCIDENT/S: ☐ 6am to Noon ☐ After Noon to 5pm
☐ 5pm to Midnight ☐ After Midnight

WHAT TYPE OF CRIMINAL CONDUCT WITNESSED:

☐ Drug Dealing Activity ☐ Prostitution
☐ Trespassing ☐ Loitering
☐ Graffiti ☐ Other _____

LOCATION OF CONDUCT:

☐ House (address, if known _____)
☐ Vehicular (type of vehicle, if known _____)
☐ Street (name of street, if know _____)
☐ Other (please explain _____)

OTHER IMPORTANT INFORMATION:

Do you know the name of the Seller? ☐ Yes ☐ No
If yes, please provide (include alias or street name): _____

Do you know the type of drugs being sold? ☐ Yes ☐ No
If yes, please provide: _____

Any additional information not covered and you feel may be helpful to this report please provide below:

YOUR INFORMATION (NOT REQUIRED):

Name _____

Address _____

Telephone _____ Best Time to be Reached _____

Would you come to court, if needed, to testify to above? ☐ Yes ☐ No